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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/536,518	05/25/2005	Patrick Jeff Crowley	70126	5169
26748 7590 08/07/2008 SYNGENTA CROP PROTECTION, INC. PATENT AND TRADEMARK DEPARTMENT			EXAMINER	
			PRYOR, ALTON NATHANIEL	
410 SWING ROAD GREENSBORO, NC 27409			ART UNIT	PAPER NUMBER
			1616	
			MAIL DATE	DELIVERY MODE
			08/07/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Into maiorra Correspond	0/536,518 CROWLEY ET AL.		۸L.
Interview Summary	Examiner	Art Unit	
	ALTON N. PRYOR	1616	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>ALTON N. PRYOR</u> .	(3)		
(2) <u>Attorney Cueva</u> .	(4)		
Date of Interview: 01 August 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representati</mark> ve	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. ♀	g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Attorney confirmed that a</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRT` ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Alton N. Pryor/	216	
Examiner Note: You must sign this form unless it is an	Primary Examiner, Art Unit 16 Examiner's signature, if requi		

Application No.

Applicant(s)